U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - / 33 0 9	2. Fiscal Year Covered From:
,	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Jerome D O'Leary	Name United Association
	Lator Organization File Number 000-111
P.O. Box, Bidg., Room No., if any	P.O. Box, Building and Room Number, if any P.O. Box 37800
Street 2803 - 30th Avenue	- Street 901 Massachusetts Avenue, N.W.
City Rock Island	City" Washington, D.C.
State FIllinois Fundos SIP Code +4 (£1201 (See ps	State District of Columbia ZIP Code + 4 20013-4307
State of Illinois of Schools	
25-31-22-01-2	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
Name and address of Employer (including trade name, if any).	· 7.a. Nature of Interest, Transaction, or Income.
Name	None
Trade Name, if any:	
a a a su	
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street 4.5 (4.5) still a to the still a still	
City 1981 Constitute 1 Constitution of City 1981 Constitution of City	The second of th
State - Furth manager in growing and a city of ZIR Code + 4. Community of the	a se Callingo III. Esperi III. generali Confederalisto, Congresso (1980) on antiqual a consideration of the confederalistics.
Signature	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
1 0 0 4	1 00 00-13-00 1 3 00- 700-0029
Signed Sprame () (deary	Date Telephone Number

Labor Organization has now has no contract